## IDAHO STATE BOARD OF BARBER EXAMINERS

Bureau of Occupational Licenses 1109 Main Street, Suite 220 Boise, Idaho 83702-5642

bar@ibol.state.id.us

## **APPLICATION FOR RE-EXAMINATION**

Complete this form by providing (please print) the requested information and submit it to the address noted above. The signature of the applicant must be notarized. The completed application together with any required documentation and the fee must be received before you will be scheduled for re-examination. Returned checks are subject to a \$20.00 collection fee.

I wish	to be register	ed to re-take	all or part of the licens	sure examina	tion noted below	: (please chec	ek one)	
	[ ]Barber (\$75.00) [ ]Barb			rber Stylist (\$75.00)		] Instructor (\$100.00)		
1. Full Name	e (Mr., Mrs.,	or Ms.)	•					
2. Mailing ac	ddress							
Street				City		State Zip		
3. Social Sec	urity No		Home phone (	)	E-mail			
			percent (75%) on a sec g equal to 20% of the c				nt attempts will	
			Iditional instruction?	ore you will b		Yes [ ]No r re-examinatio	n.)	
please attach a meet your spec	written reque cial needs. A	est for special request for s	the Americans with laccommodation that pecial accommodation the need for the accommodation	identifies the must be acc	e specific service companied by cu	es that are bei	ng requested to	
threat to the g information pro I hereby author it's identified	general public ovided on and rize and direct agent any a nether public,	and that I a attached to the any person, a and all infor privileged or	AFFIDA' ed above and that I had more application is true a agency, firm, or other emation, communication confidential, that may be licensure.	ave no infect tracter and to and accurate entity to release ons recomm	emperate habits. to the best of my ase to the Bureau nendations, repo	I swear or knowledge a of Occupation orts, records,	affirm that the nd belief. onal Licenses or statements, or	
State of	G.	· · · · · · · · · · · · · · · · · · ·	Signature of ap	_				
Subscribed and s	sworn before m	e this	, ss.	, 20	)			
(seal)			Notary Public of residing at	Notary Public official signature residing at				

my commission expires\_\_\_